

**Central Okanagan Science Opportunities for Kids Society
Medical Report and Waiver Form**

PLEASE RETURN TO YOUR INSTRUCTOR THE FIRST DAY OF CLASS

For the health, safety and comfort of the participant, it is required that this form be filled out accurately.
Please answer all questions in print except signatures

Name: _____ Age: _____ Sex: _____

Address: _____ Phone: _____

Height: _____ Weight: _____ Medical Number: _____

MEDICATION: If the applicant is under medication, please list below:

Generic Name	Dosage	Time given

Is this person subject to allergies? Yes: _____ No: _____

Please specify allergies: _____

Is this person epileptic? Yes: _____ No: _____ If yes, please elaborate as to the type, frequency, and any factors likely to cause seizure and effectiveness of medication: _____

Is this person a diabetic? Yes: _____ No: _____ If yes, please indicate any special diet: _____
Has this person received a tetanus immunization? Yes: _____ No: _____ If yes, when? _____

Please list any precautions or physical limitation that may affect your child's enjoyment and learning, e.g., joint problems, previous injuries, etc. If you have any other information that may be of assistance to the instructor, we would appreciate if you would inform us.

In case of emergency, please contact: Name: _____ Phone: _____

Address: _____

Name of Doctor: _____ Phone: _____

In consideration of enrollment in the above program, I waive and release any and all my rights of claim for damages I may have or acquire against Central Okanagan Science Opportunities for Kids Society, the City of Kelowna, the Waldorf School or Regional District of Central Okanagan or City of Kelowna Parks and their officers, agents, servants, employees, faculty and students as applicable for any and all injuries, infections, and sickness suffered by me and I acknowledge the rules laid down by this program governing its operation and that it remains the sole responsibility of the participant to act and govern himself/herself in such a manner as to be responsible for his/her own safety.

Name of Participant: _____ Parent's Signature: _____ Date: _____

All entrants under the age of 19 must obtain a parent/guardians' consent in the space below:

Parent/Guardian: _____ Address: _____

CONSENT: I, _____, do hereby declare that I am the parent or legal guardian of the above participant, and hereby consent that he/she may be a participant in the above program.

Parent's/Guardian's Signature: _____